Division	of Health Service Re	(X1) PROVIDERISUPPLIERICLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE (COMP)			
STATEMEN	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: D1		EIEG	
MINITER						1
		*************	B. WING		12/0	1/2014
		HAL018035				
NAME OF	ROVIDER OR SUPPLIER			TATE, ZIP CODE		- 1
	1	1345 CHA	PMAN LANE	•		- 1
PIEDMO	IT VILLAGE AT NEW		NC 28658	PROVIDER'S PLAN OF CORRECT	ION	(20)
(X4) TO	SUMMARY STA	TEMENT OF DEFICIENCIES	PREFIX	WACH CORRECTIVE ACTION SHOU	JLD 66	COMPLETE
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENT FYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR	OPRIATE	DATE
TAG	REGULATORTOR	ago in a second		DEFICIENCY		
			C 000		'	
C 000	Initial Comments		0 000		- 1 miles	ł
				TO ESTA		- 1
	Report of a Biennia	al Construction Survey by Ed		M. E		1
	Miller on Decembe	r 4, 2014.	1	15.7	1	i
l		had this facility was huffl in		PA 1-5 37 1-2		- 1
	Records indicate to	hat this facility was built in s currently licensed for FORTY		l i		
	1985. This facility i	he this information, we are	1	CONSTRUCTIONS	177.784	. 1
	nequiring that this t	lacility to meet the 1984	1	CONSTRUCTION OF		
	Minimum Standard	is and Requisitions for Homes		1		- 1
	I for the Ared and D	isabled, the applicable portions	-1			- 1
	of the 2005 Regula	ations for Adult Care Homes or	1			- 1
	Seven or More Be	ds and the 1978 NC State		,		- 1
	Building Code-Sec	tion 409 Institutional	1			1
	Occupancy.					
						i
1 13	Physical plant defi	ciencies were noted which				- 1
	require a plan of o	prrection.				ı
			C 148			i
C 148	Corridors-Handral	ls	C 140			
		DIRECTOR DIANT	1	1		
	SECTION .0300 -	PHYSICAL PLANT	1			1 1
	10A NCAC 13F .0	305 PHISICAL				1
	ENVIRONMENT	ents for corridors are:		1		ı i
	(g) the requirement	I be provided on both sides of	1			1 1
	corridore et 36 inc	hes above the floor and be				
1 11	canable of suppor	ting a 250 pound concentrated				1 1
	load:			[1 1
	1.000.					
	This Rule is not n	net as evidenced by:		Į.		i 1
	1 Resed on obs	ervation, the building was not		1		
	maintained in a sa	are manner by not having stable				; i
	handrails in the co	orridor. This deficiency affects	1			1 1
	all residents, staff	and visitors who use this	1	}		1 1
	unstable handrail	by not providing increasing lance, and maneuverability	1			1
	required of these	devices				1
) [[Findings on Dece	mber 4, 2014;	1	maisterens De	Same	111381
	a. The handrall r	near the Upper Hall Group Men	1	world were be		1.1.5
'	Shower had a bro	ken and loose bracket.		100111+14CVGK	10:12.	. 13
Division of	hallis Sandon Bosulation	7	CHATLISE	FILE	•	(MB) DATE
LA BORATO	Y DIRECTOR'S OR PROV	DERIBUPPLIER REPRESENTATIVE'S SI	SNATURE		1010	1
Ji.		af missiastry	Luck.	~ you	1373	4
STATE FOR	th1	2 0	41)	SDST21	If coming	allogates 1 of 7
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- H						

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División	Or LIESING SELVICE LA	adalanon				
STATEN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL018025	B. WING		12/04/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET AC	CRESS, CITY	STATE, ZIP DODE		
PIEDNONT VILLAGE AT NEWTON 1345 CHAPMAN LANE NEWTON, NC 28658						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEPICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walfs, ceili coverings kept clea (2) have no chronic (3) have furniture c (e) This Rule shall facilities. This Rule is not me 1. Based on Obse provide an environm Rule. This would aff visitors by exposing conditions and equil Findings on Decemil a. The ice machine piped directly on to to the potential for the contaminate the ice. b. The connection was loose, in the rig Room. Housekeeping-Main SECTION .0300 - Pl 10A NCAC 13F .030 FURNISHINGS (a) Adult care homes (5) be maintained in orderly manner, free hazards;	es shall: Ings, and floors or floor In and in good repair; It unpleasant odors; Itean and in good repair; Itean to accordance with this Itea	C 164	Tie machine Dro Line to clock or common Commode to the Commode to the tighten express tighten express	000 1218	
Vision of P	ealth Service Regulation		tin.			
	-	,	200 5	D\$T21	If continuation sheet 2 of 7	

	not Health Service Ro	egulation				
STATEME	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLA	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING; 01		COMPLETED	
	i	NAL OLOGO	B. WING			
		HAL018035	L		12/04/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP GODE		
		1345 CHA	PMAN LAN	E		
PIEDMO	NT VILLAGE AT NEW	TON	NC 28658	_		
	CUMPANDY CTA	TEMENT OF DEFICIENCIES				
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION SHOUL		
TAG	REGULATORY OR U	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROX		
			[DEFICIENCY)		
C 188	Continued From pa	ne 2	C 166		1	
V .00	Schulloed From pa	Re v	0 100			
	This Rule is not me	et as evidenced by:				
	 Based on obset 	rvation, the Building plumbing		1		
		maintained in a safe manner		1		
	by not haveing all re	equired safety devices. This		1		
		f working around the water	!	1		
I.		y by not protecting them from				
- 1	unexpected scalding			1	1	
1	Findings on Decem		ĺ	land at you have did in	1011 060	
		eater Room in the Laundry, the		Reliet valuepipin	2 11181	
	water heater was missing the pressure relief			be recarred.	15	
- 1		on to within 6 inches of the	1	120.	,,	
	floor.	The second of the second of the				
- 1						
C 186	Rullding Fouriement	Maintained Safe, Operating	C 189			
7 13	policing Equipment	maintained Sale, Operating	0.109			
H	SECTION .0300 - P	HYSICAL PLANT		l		
- 1	10A NCAC 13F .03					
ll ll	REQUIREMENTS	, other			.	
- 1		d all fire safety, electrical,			,	
- 1		mbing equipment in an adult				
- 11		maintained in a safe and		1		
li li	operating condition.				1 1	
		apply to new and existing				
		ception of Paragraph (e)				
		y to existing facilities.				
	willon andii not appi	y to existing facilities.			' '	
- 11	This Rule is not me	t as auldenand but			, 1	
ii.	4					
li li		vation, the facility failed to nercial kitchen hood's				
- 11		is certified in six month				
- 1		I. This could affect all			J	
H		visitors if the commercial				
- 11					i 1	
11		ression system fails to				
	operate when needs				1 1	
	Findings on Decemb			Fine system to 1	10,111 20	
- 11		tag on the commercial		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~~ II II	
- 1	it needed to confice the	ression system indicated that		Fire system to the Learning !	041161	
- 11	it needed recertificat	on as of April 2014.			, 1 12	
- 11		,				
uleion of H	onth Service Recylotion					

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If continuation sheet 3 of 7

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERISUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL018035 12/04/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE PIEDMONT VILLAGE AT NEWTON NEWTON, NC 28658 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) IO YEACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 3 Based on observations, the Building was not maintained in a safe manner because of breaches through the fire-resistance-rated construction invalidates its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of orlgin. Findings on December 4, 2014: the cleanlinen head In the Clean Lines the heat detector did not detector covered cover the around the junction box as it penetrates. Envolutely asound the ceiling. A ¼ inch gap was around a cable penetration. , tell winsons through ceiling assembly in Lower Living Room, GOD OLTOWARD CODIE In the Med Room Telephone Room, a leak seastrain in joines had deteriorated the ceiling assembly, (tape and Lind Look cranting joint compound coming apart). d. In the Lower Half Ladies a leak had rect room teles him 1118 Loon so windy bring deteriorated the ceiling assembly, (tape and joint compound coming apart). Couble for borry 20, The cross-corridor doors had a gap between. will hayus+ Gap their meeting stiles varying between 1/8 to 1/2 113111 inches. 19130 Beginson # 4 peroximo A ½ x1 inch hole extends out from under the heat detector in bedroom #4, In the Kitchen near the exterior door, a Kitchen reas extends %-inch hole penetrates though the ceiling where a 12/30 light fixture one was. 0000 4010 جوصفتورا The Dining Room ceiling was replaced, but Trine chauch there was a gap that varied from 1/4 to 1 inch wide left at the joint between the wall and ceiling. BUT OLO & Charles (2/30) In the attic the draft stop on the Upper Hall had a 1 1/2 inch hole with 5 data cable penetrating the wall, to be reborned 1/3/1/2 The Firewall had 2, 1 inch diameter holes with 4 data cables penetrating the wait. k. In the attic and around the mechanical units and especially behind the units the corridor ceifing/tunnel was crushed. 3. Based on observation, the building fire Olvision of Health Service Regulation STATE FORM

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If continuation sheet 4 of 7

STATEMEN	of correction (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(XZ) MULTIF	PLE CONSTRUCTION G: 01	(X3) DATE SURVEY COMPLETED
	HAL018035	B. WING _		12/04/2014
NAME OF	PROVIDER OR SUPPLIER STREET	ADDRESS, CITY	STATE, ZIP CODE	
PIEDMO	NT VILLAGE AT NEWTON	Hapman Lar On, NC 28658		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REPERENCED TO THE APP DEFICIENCY)	OJLD BE COMPLETE
C 189	Continued From page 4 protection equipment was not maintained in a safe manner. This would affect all residents, stand visitors if equipment did not detect fire or smoke and activate the fire alarm Findings on December 4, 2014: a. In the Med Room Telephone Room, the headetector had textured ceiling on its sensor, b. In the Med Room Telephone Room, the headetector was handing by its wires. c. The sample tubes for the HVAC duct mounted smoke detectors were dirty throughout the building. 4. Based on observation, the Building failed to maintain in an operating manner the emergency illumination of the exit signs. This would affect a residents, staff and visitors, by causing difficulty finding the exits during an emergency. Findings on December 4, 2014: a. The exit sign did not work on backup power when the test button was pushed in the following locations to include but not limited to: i. The cross-corridor doors, 5. Based on observation, the Building was not maintained in an operating manner emergency illumination of the egress pathways. This would affect all residents, staff and visitors if the egres pathways were not illuminated in an emergency Findings on December 4, 2014: a. The wall-mounted emergency light did not work on backup power when the test button was pushed in the following locations to include but not limited to; i. Corridor near Lower Shower.	at a	New energent New energent New exit sign New exit	12 1/8/1/2 11.8/1/2
	Besed on observation, the fire resistance rating of the corridor was not maintain in a safe manner, by having doors that do not automatica latch into their frame. This could affect all	Ву		
Division of H	allh Service Regulation	1099	5DST21	if continuation sheet 5 of 7

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL018035 B. WING 12/04/2014 OF PROVIDER OR SUPPLIER MAME STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE PIEDMONT VILLAGE AT NEWTON NEWTON, NC 28658 (X4) ID PREPIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) (X5) COMPLETE PREFIX EACH CORRECTIVE ACTION SHOULD BE TAĞ TAG CROSS-REPERENCED TO THE APPROPRIATE DATE DEFICIENCY C 18B Continued From page 5 C 189 residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room or compartment of origin. Findings on December 4, 2014; a. Bedroom 1's corridor door latch was not long Begroom corridor enough to latch into its frame. Jaket, apper Hall group news Lower Upper Hell group Men Shower Room corridor 1118111 door latch was not long enough to latch into its room - upper Hall Upper Hall Ladies Tollet Room door rubbed Ladiestoilet Foor the threshold and requires more than the normal force to close and latch. DOUT will be ma pauce and lately proper C 199 Exhaust Ventilation C 199 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: soiled linen storage; soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on Observation, the facility failed to provide an environment in accordance with this Rule by not ventilating area where odors are generated or maintaining equipment/systems. This could affect all residents, staff and visitors by Division of realth Service Regulation 50ST21

if continuetion sheet 6 of 7

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STATES AND PL	NENT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY	
1		IOCHT PICATION NUMBER:	A. BUILDING	k 01	COMPLETED	
			B #1115			
1		HAL018035	B. WING		12/04/2014	
NAME (PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PIEDN	PNT VILLAGE AT NEW		PMAN LAN NC 28658			
(X4) II	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO		
PRÉPI	M EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX YAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REPERENCED TO THE APPROP DEPICIENCY)	D RE COMPLETE	
C 15	Continued From pa	pe 6	C 199			
	subjecting them to a	odors. ber 4, 2014: st fans did not work and there se following rooms: bilet Room, I Toilet Room, up Shower Room, es Toilet Room.	,	All exhaust Fa repairs to be Done one bui operating	Dec 1/31/	
vision of P	naith Service Regulation	4079	50	\$721	continuation wheat 7 of 7	